

California Medical Waste Management Program Large Quantity Generator with Onsite Treatment Permit Application

Facility Name			County*	
Address	City	State	Zip Code	Telephone
				()
Mailing address (if different from above)	City	State	Zip Code	Fax ()
*Consult with CDPH prior to applying if you are unsure if CDPH is the enforcement agency for medical waste in your county.				
 1. Type of Treatment Check the appropriate box to inc Steam sterilization; include box Other (Must have CDPH appropriate) 	orand, model, c	capacity & num	ber of sterilize	er(s)
2. Type of Application Check the appropriate box belo submitted:	w to indicate t	he status of the	e facility for w	nich the application is being
Permit Renewal Transfer of Facility Ownersh	ip	☐ New I	Permit	
3. Plan: Provide a Medical Waste Management Plan, per the Medical Waste Management Act of the Health and Safety Code; §117935(a-k). For permit <i>renewals:</i> do not include a Plan, unless significant revisions have been made since the facility's last inspection. <u>All renewal</u> applications shall provide the average monthly weight and/or volume of medical waste generated. All renewals must state any significant changes made to the facility, the treatment unit or related equipment.				
4. Facility Site Map : For <i>new</i> per boundary, including access road drawing of the treatment unit are	ds, residential	development, s		
I certify under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge and belief.				
Authorized Representative		Title		
Signature		Date		

For new permits, the Department must approve the permit application prior to the facility treating medical waste. The permit is valid for 5 years. Ninety (90) days prior to the expiration date, the applicant shall file for renewal of the permit.

The fee for a *new* permit can be found at on the CDPH Form 8662.

There is no fee for a revised permit or transfer of ownership.

Mail the application and fee (if applicable) to:

California Department of Public Health Medical Waste Management Program MS 7405 P.O. Box 997377 Sacramento, CA 95899-7377

Or UPS, DHL, USPS, FedEx, etc., to: California Department of Public Health Medical Waste Management Program 1616 Capitol Ave., 2nd Floor, (MS 7405) Sacramento, CA 95814

Or Fax to:

(916) 449-5665

For more information visit the Department of Public Health web site at http://www.cdph.ca.gov/certlic/medicalwaste, or phone (916) 449-5671.